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DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

WASHINGTON, D. C.—The District Nursing Association of Washington, Elizabeth Fox (Johns Hopkins Hospital), Superintendent, has leased its nurses' home to the Association of Collegiate Alumnae and moved its office to 1413 G. Street, N.W. The headquarters are now in the heart of the downtown district and as they are very centrally located, they are used as the nurses' sub-station as well. Miss Fox resigned from the association to go to the Red Cross Town and Country Nursing Service on April 1, after having been nearly three years in Washington. In these three years, the association has grown from twelve to seventeen graduate nurses, and it has now pupil nurses from three hospitals for a two months' course each. Miss Woodfall is supervisor in the association and Hannah Fuller instructor of the pupil nurses. The staff also has one nurse doing industrial work in Washington's one large steel plant. Alice Bagley, a graduate of the Huron Road Hospital, Cleveland, and of the eight months' course in public health nursing of Western Reserve University, formerly supervisor and instructor on the Cleveland Visiting Nurse Association staff, is Miss Fox's successor as superintendent of the Washington Association.

OHIO.—The following items from the city of Cincinnati's tuberculosis death rate, with special reference to the negro death rate, are of unusual interest right now, when so many northern cities are coping with the new problem of negro migration. Few, if any, of the northern cities were prepared for this entirely unexpected influx of negro labor from the South, consequently the negro has been exploited and the over-crowding resulting from this migration has been, to say the least, dangerous from a hygienic as well as an economic and moral standpoint. The Cincinnati Anti-Tuberculosis Association seems to be tackling the problem from the right end.

Cincinnati, in 1910, had the second highest death-rate from tuberculosis of any United States city of 100,000 population or over, Denver excepted. Denver is a well-known resort for tuberculous people.

An analysis of the city's death-rates from 1910 to 1917 shows the following facts:

1. From 1910 to 1915 it dropped from 290 deaths per 100,000 population to 223, or 23 per cent. From 1915 to 1917 it increased 1.8 per cent. Net drop from 1910 to 1917, 21.2 per cent, representing a saving of 1363 lives in the seven years.

2. Comparing Cincinnati's death-rate from tuberculosis with the average rate of 29 United States cities of 100,000 population or over, it is found that

the net average drop in the 29 cities was but 13 per cent, as compared to Cincinnati's 21.2 per cent. Five of these cities showed an average increase of 16 per cent; one of them an increase of 37 per cent. The net drop for the entire United States Registration Area was but 11.3 per cent. Cincinnati's decline was 22 per cent, or double that of the whole Registration Area. Cincinnati in 1917 was fifth highest among the 29 cities for which data are available, instead of second highest, as in 1910.

3. An analysis of Cincinnati's death-rate from tuberculosis shows that (a) three and a half times as many negroes as whites die from tuberculosis each year in an equal number of the population. (b) While the white death-rate decreased 7.4 per cent from 1912 to 1916, the negro rate decreased 24 per cent in the same time. *The increase in the total death-rate from tuberculosis from 1916 to 1917 was due entirely to an increase in the negro rate*, as the white rate dropped 2½ per cent. This increase may be due in part to the lowering of resistance by the countrywide influenza epidemic in 1916 and undoubtedly can be explained, especially so far as the rise from 1916 to 1917 is concerned, by the recent influx of about 5000 negroes into Cincinnati, who crowded into the already overtenanted negro districts.

4. A comparison of the negro death-rate from tuberculosis in Cincinnati with the average of the fifteen cities of 100,000 population or over, and having at least five per cent negroes, shows that the average for those cities *increased* 7.5 per cent from 1912 to 1915, the last year for which we have complete data for all of them. The negro rate for the United States Registration Area *increased* 8.8 per cent in that time, while Cincinnati's negro death-rate from tuberculosis *decreased* 11.5 per cent from 1912 to 1915. New Orleans showed an *increase* of 32.5 per cent and Memphis an *increase* of 42 per cent in those years.

A study of the reasons for this remarkable decline of 24 per cent from 1912 to 1916 shows that considering the chief factors which determine the number of deaths from tuberculosis in any community, namely: diagnosis, economic conditions, housing, curative measures and educational and preventive measures:

The curative work of the dispensary and nursing service of the Anti-Tuberculosis League is so closely interwoven with the educational and instructive work that its effect is difficult to determine. Teaching the patient to prevent the spread of his infection and the family to avoid it is preventive education. The total number of visits of negro patients to the dispensary increased from 80 in 1910 to 547 in 1917. Nurses' visits to negro patients increased from 5 in 1910 to 1164 in 1917, representing an enormous increase in preventive educational work, the most effective type of service.

In 1908, 673 negroes were reached through lectures, literature, etc. Beginning in 1910 and extending through 1914, an intensive educational campaign was carried on among the colored people through the medium of lectures, exhibits, literature, moving pictures, etc. The average number reached during each of the five years was 4875. The total number was 24,395 (not eliminating duplications), which was somewhat more than the average population of 20,890 for those years. The campaign continued from 1910 through 1914. The decline in the negro death-rate began in 1912.

Thus diagnosis, economic conditions, housing and movement of population have been shown to have at least no more than a minor bearing upon the decline in tuberculosis. While the removal of centers of infection through isolation at the sanatorium has kept pace with the death-rate, it has not increased.

Preventive education through lectures, exhibits, etc., and the education and

curative services, as administered by the Anti-Tuberculosis League Dispensary, clearly have been the predominating factors in the decline of the negro death-rate from tuberculosis.

We still have to face the fact that an increase in the negro death-rate has begun. An intensified educational and preventive campaign will be required to overcome it. Because of the influx of negro population into Cincinnati, the housing factor will probably become one of the most important in the fight against tuberculosis.

The following letter from a cantonment zone school nurse will interest many other nurses thinking of zone work. The zone is around a southern camp.

This is the first year anything of the kind has been attempted, for the teachers were supposed to make the physical examinations, such as they were. You would naturally think a city of 55,000 would have at least one school nurse and one medical examiner, but the people did not seem to know the meaning of the word "quarantine" (some don't yet!), for if a child came down with one of the communicable diseases, it received very little attention unless it became critically ill.

It is said that one white child out of every five is left wholly illiterate, that the average citizen gets two and one-half years of schooling, and half of the negroes get none. The average school term is seventy days; the daily attendance is very, very poor. Very little attention is paid to truancy, the city did support one truancy officer but he died recently of "old age." It isn't uncommon to see a grown girl or boy in the first grade, trying to learn the alphabet. Until a few years ago, the parents put these children to work in the cotton mills at the age of seven or eight years; now, fortunately for the children, the Federal Child Labor Law has put it up to fourteen.

The school buildings are just as far behind the times as the pupils. The largest building for white children, which accommodates 1200 pupils, was used for a hospital during the Civil War and a military training school before that. Nevertheless, with all of these drawbacks, we find a great number of children well cared for, physically; we find a greater number sadly neglected. In making the examinations, we find that most of the defects are eyes, teeth, tonsils and adenoids, to say nothing about scabies, pediculosis and personal uncleanness. Out of forty children examined one morning, we found twelve cases of trachoma, five of pediculosis and four of scabies. The physician asked one little chap what his trouble was and he said cheerfully, "Oh, nothing only the seven-year itch."

If anything abnormal is found, the child is given a note explaining the defect, to the parents, also a card to be signed by the physician, that is to be returned to the teacher after the examination. I follow the most urgent cases into the homes and find then that my troubles have just begun, for a great many of the parents are not able to have the defects corrected. Only those who have tried know what it means to have a field full of necessary work to do and nothing to do it with, no dispensaries, no city hospital, no city physicians, and no social agencies of any description. My one way out was to visit all the physicians in town and see what they could or would do. They responded splendidly and were more than willing to do their part, so when we find an urgent case, we carry it to the doctor ourselves. Then if it requires hospital care, the doctor aids us in getting the child in. We try not to be partial, we want each physician and each hospital to do their bit, but so far a few physicians have had more time for us than others.

Some of the parents work with us readily, others, as well as some of the teachers, will have to be educated up to it before they can see that we are working for the benefit of the children. It so surprised me to hear some of the teachers complaining that we were interrupting the schools too much, that they did not have time to bother with us. When we make a home visit, we occasionally find a mother that will tell us that she can take care of her own child without the aid of the Red Cross nurses, but the majority of them are very cordial and promise, if they never do anything else, to have the trouble attended to.

They will probably greet us with a quid of tobacco or a stick of snuff in their mouths, for that doesn't mean anything, a great number of the middle-class white women, as well as the colored, and even some of the children, use both tobacco and snuff. I have seen people sniff the snuff before, but have never seen it dipped. It is done by making a brush of a green birch limb, by chewing the end until the fibers separate. This is dipped into the snuff and then brushed over the gums. You can imagine how their teeth look. One old woman told me that she would have been in her grave long ago had she not "chawed tobacco and dipped snuff."

I did not begin the physical examinations until the first of the year, so of course we can't expect much improvement for a while, it will take the parents a few months to get their eyes open, but just to see if they were responding at all, I made a rough survey of one school and found that 125 had had the defects corrected; these included teeth, eyes, tonsils and adenoids. As for the cases of pediculosis and scabies, they are too numerous to mention, though we haven't had as much trouble as we anticipated in getting after them. Most of the mothers thanked us kindly for the information, once in a while a woman gave us a "cussin'" in return. One mother was going to sue doctor, nurse and teacher for saying her child had vermin, but I suppose she reconsidered the matter, for two days later the youngster returned to school, her scalp and hair very clean and orderly.

When I informed one mother that her child had scabies, she said, "Well, it beats all how Johnnie picks up all these little things. I knew he had the itch but didn't know he had scabies too." I said, "And you let him go to school knowing that he had the itch?" And she replied, "Well, I didn't think he could do any harm as all of his class had the same trouble." She knew what she was talking about, for upon investigation, we found that quite a number had the disease, and most of them were children from the better-class homes. The teacher said that she had noticed the children did a lot of squirming around in their seats, but she had thought nothing further about it.

No doubt it seems very strange that the mothers do not look after and care for their own children. The trouble is that in the better homes the children are left altogether too much to the colored nursery maids, and in the poorer homes they are left to care for themselves. The mothers work in the mills, some from 6 a. m. to 6 p. m., others from 6 p. m. to 6 a. m.

I have five schools to look after, three white and two colored. One colored school has 1800 pupils. I try to visit each every other day, three one day and two the next. If I find any suspicious case, the child is sent home with a note advising the parents to consult the family physician. Then from about 10.30 to 1.30 I work with the physicians; in the afternoon I follow the children that I have just mentioned, into their homes, to see if they have obeyed orders. The school session begins at nine and closes at two, with two intermissions. Some of the youngsters take a sandwich for lunch, others will buy an ice cream cone or a bag of peanuts if they are near a store, and some will have no lunch at all.